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**State:** Illinois **Filing Company:** The Medical Protective Company  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations  
**Product Name:** IL RPG Illinois - Affiliated Physicians Program, Inc.  
**Project Name/Number:** IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01

## Filing at a Glance

Company: The Medical Protective Company  
Product Name: IL RPG Illinois - Affiliated Physicians Program, Inc.  
State: Illinois  
TOI: 11.0 Medical Malpractice - Claims Made/Occurrence  
Sub-TOI: 11.0000 Med Mal Sub-TOI Combinations  
Filing Type: Rate/Rule  
Date Submitted: 02/11/2014  
SERFF Tr Num: MDPC-129395684  
SERFF Status: Closed-Filed  
State Tr Num:  
State Status: Under Review  
Co Tr Num: 14-ILRPGMD-RULE-01  
  
Effective Date: 05/01/2014  
Requested (New):  
Effective Date: 05/01/2014  
Requested (Renewal):  
Author(s): Melissa Millican, Christopher Cole, Kendra Clark  
Reviewer(s): Gayle Neuman (primary), Julie Rachford  
Disposition Date: 03/03/2014  
Disposition Status: Filed  
Effective Date (New): 05/01/2014  
Effective Date (Renewal): 05/01/2014

State Filing Description:  
routed 2/27/14

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**Project Name/Number:** IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01

## General Information

Project Name: IL RPG-Fellow and Aggregate Rule Filing Status of Filing in Domicile: Pending  
Project Number: 134-ILRPGMD-RULE-01 Domicile Status Comments:  
Reference Organization: N/A Reference Number: N/A  
Reference Title: N/A Advisory Org. Circular: N/A  
Filing Status Changed: 03/03/2014  
State Status Changed: 02/27/2014 Deemer Date:  
Created By: Kendra Clark Submitted By: Kendra Clark  
Corresponding Filing Tracking Number:

### Filing Description:

The Medical Protective Company (the Company) respectfully submits the following rule revisions to the Affiliated Physicians Program, Inc. (RPG) Physicians & Surgeons Occurrence and Claims Made programs in the state of Illinois.

## Company and Contact

### Filing Contact Information

Melissa Millican, Paralegal melissa.millican@medpro.com  
5814 Reed Road 260-486-0838 [Phone]  
Fort Wayne, IN 46835 260-486-0733 [FAX]

### Filing Company Information

The Medical Protective Company	CoCode: 11843	State of Domicile: Indiana
5814 Reed Road	Group Code: 31	Company Type:
Fort Wayne, IN 46835	Group Name:	State ID Number:
(260) 486-0838 ext. [Phone]	FEIN Number: 35-0506406	

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

## State Specific

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<b>State:</b>	Illinois	<b>Filing Company:</b>	The Medical Protective Company
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Refer to our checklists prior to submitting filing ([http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)): acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": acknowledged

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: n/a - rate/rule filing only

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	IL RPG Illinois - Affiliated Physicians Program, Inc.		
Project Name/Number:	IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	03/03/2014	03/03/2014

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	02/13/2014	02/13/2014

#### Response Letters

Responded By	Created On	Date Submitted
Melissa Millican	02/20/2014	02/20/2014

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial Review	Reviewer Note	Julie Rachford	03/03/2014	

<b>State:</b>	Illinois	<b>Filing Company:</b>	The Medical Protective Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	IL RPG Illinois - Affiliated Physicians Program, Inc.		
<b>Project Name/Number:</b>	IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01		

## Disposition

Disposition Date: 03/03/2014  
Effective Date (New): 05/01/2014  
Effective Date (Renewal): 05/01/2014  
Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Medical Protective Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Supporting Document	Strike Thru's		Yes
Supporting Document	Statistical Agent		Yes
Supporting Document	Response document, 02/20/2014		Yes
Rate	IL - Affiliated Physicians Program, Inc. MD OCC Aggregate Credit Rule		Yes
Rate	IL - Affiliated Physicians Program, Inc. MD SCM Aggregate Credit Rule		Yes
Rate (revised)	IL - Affiliated Physicians Program, Inc. MD OCC Fellow Rating Rule		Yes
Rate	IL - Affiliated Physicians Program, Inc. MD OCC Fellow Rating Rule		Yes
Rate (revised)	IL - Affiliated Physicians Program, Inc. MD SCM Fellow Rating Rule		Yes
Rate	IL - Affiliated Physicians Program, Inc. MD SCM Fellow Rating Rule		Yes

<b>State:</b>	Illinois	<b>Filing Company:</b>	The Medical Protective Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	IL RPG Illinois - Affiliated Physicians Program, Inc.		
<b>Project Name/Number:</b>	IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	IL- Affiliated Physicians Program, Inc. - State Rate Pages, Section III - Physicians & Surgeons		Yes
Rate	IL- Affiliated Physicians Program, Inc. - State Rate Pages, Section III - Physicians & Surgeons		Yes

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**State:** Illinois **Filing Company:** The Medical Protective Company  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	02/13/2014
Submitted Date	02/13/2014
Respond By Date	02/20/2014

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Dear Melissa Millican,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Under the Fellow Rating Rule, it says "coverage may be available". Please explain the criteria for this coverage to be issued. This should be included in the manual pages.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

State:	Illinois	Filing Company:	The Medical Protective Company
TOI/Sub-TOI:	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
Product Name:	IL RPG Illinois - Affiliated Physicians Program, Inc.		
Project Name/Number:	IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/20/2014
Submitted Date	02/20/2014

Dear Gayle Neuman,

### Introduction:

### Response 1

#### Comments:

Please find the modified rules for your continued review.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response document, 02/20/2014
Comments:	attached
Attachment(s):	Response Doc.pdf

No Form Schedule items changed.



State: Illinois

Filing Company:

The Medical Protective Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations

Product Name: IL RPG Illinois - Affiliated Physicians Program, Inc.

Project Name/Number: IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01

## Rate Schedule Item Changes

Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	IL - Affiliated Physicians Program, Inc. MD OCC Fellow Rating Rule	FRR-CW;01/01/12	New		02/20/2014 By: Melissa Millican
<i>Previous Version</i>					
1	<i>IL - Affiliated Physicians Program, Inc. MD OCC Fellow Rating Rule</i>	<i>FRR-CW;01/01/12</i>	<i>New</i>		<i>02/11/2014 By: Kendra Clark</i>
2	IL - Affiliated Physicians Program, Inc. MD SCM Fellow Rating Rule	FRR-CW;01/01/12	New		02/20/2014 By: Melissa Millican
<i>Previous Version</i>					
2	<i>IL - Affiliated Physicians Program, Inc. MD SCM Fellow Rating Rule</i>	<i>FRR-CW;01/01/12</i>	<i>New</i>		<i>02/11/2014 By: Kendra Clark</i>
3	IL- Affiliated Physicians Program, Inc. - State Rate Pages, Section III - Physicians & Surgeons	SR-IL-III-(77 & 80); 02/01/14	Replacement	MDPC-129152533	02/20/2014 By: Melissa Millican
<i>Previous Version</i>					
3	<i>IL- Affiliated Physicians Program, Inc. - State Rate Pages, Section III - Physicians &amp; Surgeons</i>	<i>SR-IL-III-(77 &amp; 80); 02/01/14</i>	<i>Replacement</i>	<i>MDPC-129152533</i>	<i>02/11/2014 By: Kendra Clark</i>

**Conclusion:**

Please let me know if you should need anything additional.

Thank you,

Melissa

Sincerely,

Melissa Millican

**State:** Illinois **Filing Company:** The Medical Protective Company  
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**Product Name:** IL RPG Illinois - Affiliated Physicians Program, Inc.  
**Project Name/Number:** IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01

## Reviewer Note

**Created By:**

Julie Rachford on 03/03/2014 03:05 PM

**Last Edited By:**

Gayle Neuman

## Submitted On:

03/03/2014 03:35 PM

**Subject:**

## Actuarial Review

**Comments:**

Actuarial review complete.

<b>State:</b>	Illinois	<b>Filing Company:</b>	The Medical Protective Company
<b>TOI/Sub-TOI:</b>	11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	IL RPG Illinois - Affiliated Physicians Program, Inc.		
<b>Project Name/Number:</b>	IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Use & File
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	09/01/2013
<b>Filing Method of Last Filing:</b>	Use & File

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
The Medical Protective Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

MDPC-129395684

State Tracking #:

Company Tracking #:

14-ILRPGMD-RULE-01

**State:** Illinois  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations  
**Product Name:** IL RPG Illinois - Affiliated Physicians Program, Inc.  
**Project Name/Number:** IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01

**Filing Company:** The Medical Protective Company

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		IL - Affiliated Physicians Program, Inc. MD OCC Aggregate Credit Rule	ACR-IL;02/01/14	Replacement	MDPC-129152533	ACR MD 010112 - OCC.pdf
2		IL - Affiliated Physicians Program, Inc. MD SCM Aggregate Credit Rule	ACR-IL;02/01/14	Replacement	MDPC-129152533	ACR MD 010112 - SCM.pdf
3		IL - Affiliated Physicians Program, Inc. MD OCC Fellow Rating Rule	FRR-CW;01/01/12	New		FRR-IL RPG OCC.pdf
4		IL - Affiliated Physicians Program, Inc. MD SCM Fellow Rating Rule	FRR-CW;01/01/12	New		FRR-IL RPG SCM.pdf
5		IL- Affiliated Physicians Program, Inc. - State Rate Pages, Section III - Physicians & Surgeons	SR-IL-III-(77 & 80); 02/01/14	Replacement	MDPC-129152533	Section III State Exception.pdf

The  
Medical Protective Company  
Fort Wayne, Indiana 46835  
*Professional Protection Exclusively Since 1899*

**ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.**

**PHYSICIANS AND SURGEONS**

**OCCURRENCE PROGRAM**

**AGGREGATE CREDIT RULE**

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 60% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, MILITARY LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, NEW TO PRACTICE, MEMBERSHIP ASSOCIATION, HEALTH CARE SYSTEM AFFILIATION, FELLOW RATING RULE OR DEDUCTIBLE CREDITS.

The  
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**ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**AGGREGATE CREDIT RULE**

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 60% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, MILITARY LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, NEW TO PRACTICE, MEMBERSHIP ASSOCIATION, HEALTH CARE SYSTEM AFFILIATION, FELLOW RATING RULE OR DEDUCTIBLE CREDITS.

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**ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.**

**PHYSICIANS AND SURGEONS**

**OCCURRENCE PROGRAM**

**FELLOW RATING RULE**

COVERAGE SHALL BE AVAILABLE FOR INSURED'S WHO ARE ACTIVELY PARTICIPATING IN AN APPROVED FELLOWSHIP TRAINING PROGRAM. IN ORDER TO QUALIFY, THE PHYSICIAN MUST PARTICIPATE IN THE FELLOWSHIP PROGRAM ON A FULL TIME BASIS.

A CREDIT OF 50% WILL APPLY TO THE INSURED'S APPLICABLE MANUAL PREMIUM PURSUANT TO THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

NO OTHER CREDITS MAY APPLY CONCURRENT WITH THIS RULE EXCEPT MEMBERSHIP ASSOCIATION, SCHEDULE RATING MODIFICATIONS, RISK MANAGEMENT AND/OR NEW TO COMPANY CREDITS.

The  
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**ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.**

**PHYSICIANS AND SURGEONS**

**STANDARD CLAIMS MADE PROGRAM**

**FELLOW RATING RULE**

COVERAGE SHALL BE AVAILABLE FOR INSURED'S WHO ARE ACTIVELY PARTICIPATING IN AN APPROVED FELLOWSHIP TRAINING PROGRAM. IN ORDER TO QUALIFY, THE PHYSICIAN MUST PARTICIPATE IN THE FELLOWSHIP PROGRAM ON A FULL TIME BASIS.

A CREDIT OF 50% WILL APPLY TO THE INSURED'S APPLICABLE MANUAL PREMIUM PURSUANT TO THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

NO OTHER CREDITS MAY APPLY CONCURRENT WITH THIS RULE EXCEPT MEMBERSHIP ASSOCIATION, SCHEDULE RATING MODIFICATIONS, RISK MANAGEMENT AND/OR NEW TO COMPANY CREDITS.



32. **Health Care System Affiliation**  
(Occurrence & Standard Claims Made Programs)

Any healthcare provider that is affiliated with a Company approved health care system that has implemented specific clinical integration (CI) requirements, processes and/or incentives shall be eligible for a credit, in addition to those otherwise applicable, if the CI program includes two or more of the following attributes:

- Adoption of key technologies
- Quality and efficiency standards & processes
- Patient safety / satisfaction standards & processes
- Processes to improve system wide coordination of care
- Post-hospitalization transition care procedures
- Measurement of provider participation / compliance
- Coordination of communication/resolution of adverse medical outcomes

Health care providers that are identified as meeting or exceeding the minimum requirements of the health care system's CI program shall receive a credit of 10.0%.

A health care system that has incorporated a qualified electronic health records (EHR) program in the CI shall be pre-approved for an electronic health records credit. In those instances, the Health care providers that receive a CI credit shall also receive an EHR credit of 2.5%.

This plan is not subject to the Aggregate Credit Rule.

33. **Fellow Rating Rule**  
(Occurrence & Standard Claims Made Programs)

Coverage shall be available for insureds who are actively participating in an approved fellowship training program. In order to qualify, the physician must participate in the fellowship program on a full time basis.

A credit of 50% will apply to the insured's applicable manual premium pursuant to the Company's guidelines for acceptance.

No other credits may apply concurrent with this rule except Membership Association, Schedule Rating Modifications, Risk Management and/or New to Company credits.

<b>State:</b>	Illinois	<b>Filing Company:</b>	The Medical Protective Company
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<b>Product Name:</b>	IL RPG Illinois - Affiliated Physicians Program, Inc.		
<b>Project Name/Number:</b>	IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	Attached
<b>Attachment(s):</b>	FRR Actuarial Memo.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	Attached
<b>Attachment(s):</b>	Form RF-3.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification
<b>Comments:</b>	Attached
<b>Attachment(s):</b>	cert.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Comments:</b>	n/a at this time.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	acknowledged
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Strike Thru's
<b>Comments:</b>	Attached
<b>Attachment(s):</b>	Redline IL RPG ACR.pdf Redline Section III State Exception.pdf

<b>State:</b>	Illinois	<b>Filing Company:</b>	The Medical Protective Company
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<b>Project Name/Number:</b>	IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01		

<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Statistical Agent
<b>Comments:</b>	ISO
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Response document, 02/20/2014
<b>Comments:</b>	attached
<b>Attachment(s):</b>	Response Doc.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**THE MEDICAL PROTECTIVE COMPANY**  
**ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.**  
**PHYSICIANS & SURGEONS PROGRAM**  
**ACTUARIAL MEMORANDUM**

The Medical Protective Company (the Company) respectfully submits the following rule revisions to the Affiliated Physicians Program, Inc. (RPG) Physicians & Surgeons Occurrence and Claims Made programs in the state of Illinois.

**Introduce Fellow Rating Rule**

The Company wishes to add the Fellow Rating Rule for the Occurrence and Standard Claims Made Programs. The rule provides credit for insureds who are actively participating in an approved fellowship program. There is not a substantive rate impact associated with this change.

**Revise Aggregate Credit Rule**

The Company wishes to revise the Aggregate Credit Rule for the Stand Alone Occurrence and Standard Claims Made Programs by adding the Fellow Rating Rule to the list of exception credits that do not apply towards the aggregate cap. There is no substantive rate impact associated with this rule.

**REVISED COMPREHENSIVE LIABILITY COVERAGE FOR HEALTH CARE PROVIDERS**

Also attached are revised manual pages for Section III of the Company's Comprehensive Liability Coverage for Health Care Providers program. The rates used for this program mirror those used for the Company's individual Physicians & Surgeons program, and therefore are being included in this submission for manual purposes only.

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective 05/01/2014.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Medical Malpractice</u>	<u>\$0, newly created program</u>	<u>0% - Rule Filing</u>
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Filing a new Fellow Rating Rule and revising the Aggregate Credit Rule.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

The Medical Protective Company

Name of Company

Official - Title

*Joe A. Whitcraft* Vice-Pres & Actuary

IL RPO

**ILLINOIS CERTIFICATION FOR  
MEDICAL MALPRACTICE RATES**

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Jim Kunce, a duly authorized officer of The Medical Protective Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Joel Whitcraft, a duly authorized actuary of The Medical Protective Company, am authorized to certify on behalf of The Medical Protective Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

[Signature] ; SVP 2/7/14  
Signature and Title of Authorized Insurance Company Officer Date

[Signature] : Vice Pres. & Actuary 2-7-14  
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 35-0506406

Filing Number MDPC-129395684

Insurer's Address 5814 Reed Road

City Fort Wayne State IN Zip Code 46835

Contact Person's:

-Name and E-mail Melissa Millican, Paralegal; Melissa.millican@medpro.com

-Direct Telephone and Fax Number Direct: 260-486-0838; Fax: 260-486-0733

The  
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Fort Wayne, Indiana 46835  
*Professional Protection Exclusively Since 1899*

**ILLINOIS – AFFILIATED PHYSICIANS PROGRAM, INC.**

**PHYSICIANS AND SURGEONS**

**OCCURRENCE PROGRAM**

**AGGREGATE CREDIT RULE**

THE APPLICATION OF ALL APPROVED CREDITS CONTAINED IN THIS RATING MANUAL SHALL NOT EXCEED 60% FOR ANY ONE INSURED.

THIS RULE DOES NOT APPLY TO PART TIME PRACTICE, LEAVE OF ABSENCE, MILITARY LEAVE OF ABSENCE, RISK MANAGEMENT, NEW TO COMPANY, NEW TO PRACTICE, MEMBERSHIP ASSOCIATION, HEALTH CARE SYSTEM AFFILIATION, FELLOW RATING RULE OR DEDUCTIBLE CREDITS.

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25. **Membership Credit**  
(Occurrence & Standard Claims Made Programs)

Credit
5%

26. **Aggregate Credit Rule**  
(Occurrence & Standard Claims Made Programs)

Max Available Credit
60%

This rule does not apply to Part Time Practice, Leave of Absence, Military Leave of Absence, Fellow Rating Rule, Risk Management, New to Company, New to Practice, Membership Association, Health Care System Affiliation or Deductible Credits.

27. **Quarterly Installment Option**  
(Occurrence & Standard Claims Made Programs)

The following Interest Free Installment Payment Plans are available, at the insureds request.

- 4 PAY - 25% down, 3 equal quarterly payments thereafter

If manual premium is over \$150,000

- 25% Down, 9 equal monthly payments thereafter

The Company may assess installment fees. Such fees will not exceed \$25 or 1% of the total policy premium, whichever is less, and will not exceed a total fee payment of \$100 over any one policy term.

Premium bearing adjustments will be spread across remaining installments in equal amounts.

Installments are not available for Extension Contract Premium.

32. **Health Care System Affiliation**  
(Occurrence & Standard Claims Made Programs)

Any healthcare provider that is affiliated with a Company approved health care system that has implemented specific clinical integration (CI) requirements, processes and/or incentives shall be eligible for a credit, in addition to those otherwise applicable, if the CI program includes two or more of the following attributes:

- Adoption of key technologies
- Quality and efficiency standards & processes
- Patient safety / satisfaction standards & processes
- Processes to improve system wide coordination of care
- Post-hospitalization transition care procedures
- Measurement of provider participation / compliance
- Coordination of communication/resolution of adverse medical outcomes

Health care providers that are identified as meeting or exceeding the minimum requirements of the health care system's CI program shall receive a credit of 10.0%.

A health care system that has incorporated a qualified electronic health records (EHR) program in the CI shall be pre-approved for an electronic health records credit. In those instances, the Health care providers that receive a CI credit shall also receive an EHR credit of 2.5%.

This plan is not subject to the Aggregate Credit Rule.

33. **Fellow Rating Rule**  
(Occurrence & Standard Claims Made Programs)

Coverage may be available for insureds who are actively participating in an approved fellowship program.

A credit of 50% will apply to the insured's applicable manual premium pursuant to the Company's guidelines for acceptance.

No other credits may apply concurrent with this rule except Membership Association, Schedule Rating Modifications, Risk Management and/or New to Company credits.

February 20, 2014  
The Medical Protective Company  
Affiliated Physicians Program, Inc  
Physicians & Surgeons / Comprehensive Coverage for Healthcare Providers  
Rule Revision  
Response to DOI Objections dated: 02/13/2014

Thank you for your questions regarding the above referenced filing. In response to your inquiries, please accept the following. We have restated your question(s) for your ease in reviewing our response.

**Objection 1**

Under the Fellow Rating Rule, it says "coverage may be available". Please explain the criteria for this coverage to be issued. This should be included in the manual pages.

**Response:**

The Fellow Rating Rule was established in order to reflect the reduced exposure to loss associated with physicians that participate in a fellowship training program in order to enhance their capabilities in a current field of medicine or to expand their expertise in another related area. The physician must participate in the fellowship program on a full time basis and must submit the appropriate documentation to verify the training program. There are a wide variety of fellowship programs available to physicians and it is difficult to outline a set of specific parameters without potentially excluding some with elements we have not previously encountered.

We have amended the rule to eliminate any ambiguity as to the applicability of the rating rule by replacing "may" with "shall". Aside from the documentation provided by the insured, the only additional requirement is that the physician participates on a full time basis in order to qualify for the credit commensurate with the reduction in exposure.

Please let us know if this clarification addresses your concerns.

**State:** Illinois  
**TOI/Sub-TOI:** 11.0 Medical Malpractice - Claims Made/Occurrence/11.0000 Med Mal Sub-TOI Combinations  
**Product Name:** IL RPG Illinois - Affiliated Physicians Program, Inc.  
**Project Name/Number:** IL RPG-Fellow and Aggregate Rule Filing /134-ILRPGMD-RULE-01

**Filing Company:** The Medical Protective Company

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/31/2014		Rate	IL - Affiliated Physicians Program, Inc. MD SCM Fellow Rating Rule	02/20/2014	FRR 010112 scm MD.pdf (Superceded)
01/31/2014		Rate	IL- Affiliated Physicians Program, Inc. - State Rate Pages, Section III - Physicians & Surgeons	02/20/2014	Section III State Exception.pdf (Superceded)
01/31/2014		Rate	IL - Affiliated Physicians Program, Inc. MD OCC Fellow Rating Rule	02/20/2014	FRR 010112 occ MD .pdf (Superceded)

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A CREDIT OF 50% WILL APPLY TO THE INSURED'S APPLICABLE MANUAL PREMIUM PURSUANT TO THE COMPANY'S GUIDELINES FOR ACCEPTANCE.

NO OTHER CREDITS MAY APPLY CONCURRENT WITH THIS RULE EXCEPT MEMBERSHIP ASSOCIATION, SCHEDULE RATING MODIFICATIONS, RISK MANAGEMENT AND/OR NEW TO COMPANY CREDITS.

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